



## Arizona Vaccine News

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### VACCINE NEWS

#### Updated Information for Participants in the Central Vaccine Recovery Program (CVRP)

If you are participating in the Central Vaccination Recovery Program (CVRP) for return of unused 2009 H1N1 influenza vaccine, please note the following:

- You must include a completed packing slip in all return shipments.
- Only **2009 H1N1 influenza vaccine** should be sent back through the **CVRP**.
- Do not use the Vaccine for Children (VFC) return system for 2009 H1N1 influenza vaccine returns.
  - Do not send 2009 H1N1 influenza vaccine back to the McKesson VFC depots.
  - Do not include 2009 H1N1 influenza vaccine as part of VFC vaccine returns.
- Health and Human Services (HHS) will accept CVRP shipments of unused 2009 H1N1 influenza vaccine through the end of November 2010.
- If you have unused 2009 H1N1 influenza vaccine and have not yet received UPS shipping labels for vaccine return, contact your county health department.
- If you do not have any vaccine to return, there is nothing else that you need to do. Please do not call the HHS Supply Service Center if you have nothing to return. Only providers requiring assistance with returning their H1N1 vaccine should call the service center.

### **FDA Announces Labeling Revision on Rotarix® Pertaining to Intussusception Risk**

- The Food and Drug Administration (FDA) has added information to the existing intussusception subsection of the Warnings and Precautions section of Rotarix® vaccine label to inform healthcare providers about preliminary results from a postmarketing study conducted in Mexico.
- An interim analysis of this study suggests an increased risk of intussusception in the 31 day time period after the first dose of Rotarix® (relative risk of 1.8 with a 99% confidence interval of 1.0 to 3.1).
- For the United States, these findings translate to potentially 0-4 additional cases of intussusception hospitalizations per 100,000 infants within 31 days of receiving the first dose of Rotarix®. This takes into consideration the background rate of intussusception hospitalizations in the US, which is approximately 34 in 100,000 infants per year.
- Further analysis of the postmarketing study showed that the increased number of intussusception cases occurred primarily within 7 days after the first dose.
- **No changes have been made to the Contraindications or Indications for Use of Rotarix®.**
- The FDA Question and Answer sheet can be found at:  
<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm226690.htm>.
- The FDA asks providers to explain to parents and caregivers of infants that the benefits of vaccination with both Rotarix® and RotaTeq® outweigh any potential risks.
- The background rate of intussusceptions in Mexico is between 60-90 per 100,000 children per year, which is higher than in the US.

### **CDC Still Supports Use of Rotarix® and RotaTeq® in Light of New Postmarketing Study**

- *CDC continues to recommend Rotarix®* after review of preliminary results from a postmarketing study from Mexico.
- CDC still recommends Rotarix® because:
  - Rotavirus disease is the most common cause of severe diarrhea among children
  - The benefits of rotavirus vaccination are great
  - The information available suggests a small risk of intussusception.
- CDC Questions and Answers for health care professionals and parents can be found at the following links:  
<http://www.cdc.gov/vaccines/vpd-vac/rotavirus/default.htm#clinical>  
<http://www.cdc.gov/vaccines/vpd-vac/rotavirus/Vac-label-parents.htm>

### **Possible Latex in Multiple Vaccine Tip Caps**

The tip caps of the prefilled syringes of the following seven vaccines may contain natural rubber latex which may cause allergic reactions in latex sensitive individuals:

- Agriflu and Fluvirin (Influenza—Novartis)
- Fluarix (Influenza—GlaxoSmithKline)
- Fluzone (Influenza—Sanofi Pasteur)
- Havrix (Hepatitis A—GlaxoSmithKline)
- Engerix (Hepatitis B—GlaxoSmithKline)
- Hiberix (*Haemophilus influenzae* type b—GlaxoSmithKline)
- No adverse event reports regarding this issue have been reported so far.

- The prescribing information, package labeling, and provider communications about these vaccines are being updated to reflect the latex issue. This may impact the timing of distribution for individual products.
- Providers who have ordered these products can contact the distributor or manufacturer with whom they placed the order to find out the timing of distribution.

### CDC Releases New NIS Measurements of Hib Vaccine Coverage in 19-35 Month Olds

- The National Immunization Survey (NIS) is a national survey done by the Centers for Disease Control and Prevention (CDC).
- The NIS is used to estimate vaccination coverage in the US.
- As of June 2009, most toddlers had received their primary doses of *Haemophilus influenzae* (Hib) vaccine, but only about half were fully vaccinated by having received a booster Hib vaccine dose.
- Arizona's coverage for Hib vaccine is below the national average.

Hib Vaccine Coverage for 19-35 Month Olds, June 2009		
Vaccine	AZ	US
Completion of primary series	90.3%	92.9%
Fully vaccinated (primary series + booster)	50.3%	56.9%

Source: MMWR August 27, 2010 <http://www.cdc.gov/mmwr/PDF/wk/mm5933.pdf>

### NIS-Teen 2009 Adolescent Vaccine Coverage in the US

- The National Immunization Survey--Teen (NIS-Teen) estimates vaccination coverage among adolescents aged 13--17 years in the US.
- Arizona adolescents were **above** the national average for receipt of meningococcal, pertussis (Tdap), human papilloma virus (HPV), and two or more varicella vaccines.
- Arizona teens were **below** the national average for receipt of  $\geq 2$  doses of measles-mumps-rubella (MMR) vaccine, and  $\geq 3$  doses of hepatitis B vaccine.

Adolescent Vaccine coverage 2009		
Vaccine	AZ	US
$\geq 1$ Meningococcal	69.7%	53.6%
$\geq 1$ Pertussis (Tdap)	66.6%	55.6%
$\geq 1$ HPV	52.8%	44.3%
$\geq 2$ Varicella	57.8%	48.6%
$\geq 2$ MMR	81.4%	89.1%
$\geq 3$ Hepatitis B	84.3%	89.9%

Source: MMWR August 20, 2010 <http://www.cdc.gov/mmwr/PDF/wk/mm5932.pdf>

## VACCINE LITERATURE

### 2010-2011 Seasonal Influenza Vaccine Recommendations

1. All health care providers should get an influenza vaccine every year.
2. Offer influenza vaccine to your patients starting now and continue offering it throughout the influenza season.
3. Give influenza vaccine to all patients 6 months and older.

The complete vaccine recommendations for this year's influenza season can be found in the August 6, 2010 issue of *Morbidity and Mortality Weekly Report (MMWR)* at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>

### Tdap in Women of Childbearing Age

- The source of an infant's pertussis is the mother 32% of the time.  
[Bisgard, KM et al. *Ped Infect Dis J.* 2004;23:985-989]  
[http://journals.lww.com/pidj/Abstract/2004/11000/Infant\\_Pertussis\\_Who\\_Was\\_the\\_Source\\_2.aspx](http://journals.lww.com/pidj/Abstract/2004/11000/Infant_Pertussis_Who_Was_the_Source_2.aspx)
  - Women who are planning to get pregnant should make sure they have received a Tdap.
  - Women should receive a Tdap immediately post-partum if they have not already received one, since infants are at very high risk for complications of pertussis.
- **To give infants the greatest protection against pertussis, fathers, grandparents, siblings, babysitters, and all close contacts of infants should be fully vaccinated against pertussis.**
- For more information, see "Prevention of Pertussis, Tetanus, and Diphtheria among Pregnant and Postpartum Women and Their Infants," MMWR, May 30, 2008, pp. 28-34.  
<http://www.cdc.gov/mmwr/PDF/rr/rr5704.pdf>

### Influenza Vaccine Is Underutilized in Health Care Providers

- Seasonal influenza vaccination coverage for all health care providers nationwide in the 2009-2010 influenza season was **61.9%**, the highest level that it has ever been. However **38.1%** of health care works did not receive seasonal influenza vaccine.
  - Physicians, physician's assistants, nurse practitioners, and dentists had the highest level of coverage: 76.5%.
  - Nurses had 69.3% coverage.
  - Other allied health professional had 61.3% coverage.Source: MMWR April 2, 2010 <http://www.cdc.gov/mmwr/PDF/wk/mm5912.pdf>
- Increased influenza-like illnesses and death in patients has been associated with unimmunized health care providers.
- Guidance on improving health care providers' influenza vaccination coverage rates can be found in "Influenza Vaccination of Health-Care Personnel," MMWR February 24, 2006 <http://www.cdc.gov/mmwr/PDF/rr/rr5502.pdf>

### Promising Results in Hepatitis E Vaccine Trial

- Hepatitis E is a virus that is spread by the fecal-oral route. It causes symptoms similar to other viruses that cause acute viral hepatitis.
- Hepatitis E is most common in developing countries with inadequate environmental sanitation. It has been estimated that hepatitis E has infected up to a third of people in the world.
- Currently, there is no FDA-approved vaccine for Hepatitis E in the United States.
- A recently published double blind, randomized study of an inactivated hepatitis E vaccine showed **100%** efficacy in preventing hepatitis E infection.

Source: The Lancet, Early Online Publication, August 23, 2010  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61030-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61030-6/fulltext)

## **INFLUENZA NEWS**

### **CDC Releases New Estimates of Deaths from Seasonal Influenza 1976-2007**

- Deaths from influenza averaged approximately **23,607** per season over a 31 year period
- This current estimate is lower than the previous annual estimate of 36,155. The higher estimate was due to more H3N2 influenza circulating during the time period of the previous estimate.
- Mortality was about 2.7 times higher in years when **H3N2** influenza was the predominant circulating strain, in comparison with seasons where H1N1 influenza or influenza B predominated.

Source: *MMWR* August 27, 2010 <http://www.cdc.gov/mmwr/PDF/wk/mm5933.pdf>

## **VACCINE RESOURCES**

### **CDC Vaccine Storage and Handling Toolkit covering the following subjects**

- Instructions for vaccine reconstitution
  - Expiration of reconstituted vaccines
  - Proper use of multidose vials
  - Influenza clinics and prefilled syringe guidance
- [http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/prep\\_disposal.htm](http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/prep_disposal.htm)

### **Influenza Vaccine Resources**

Community Information Referral (CIR) assists in broadcasting locations for influenza vaccine

<http://www.cir.org>

602-263-8856 from anywhere

800-352-3792 within area codes 520 & 928

TDD: Arizona Relay (800-367-8939 or 7-1-1)

Immunization Action Coalition Influenza Vaccine Resources

- Screening Questionnaire for Inactivated Injectable Influenza Vaccination  
[http://www.immunize.org/nslt.d/n46/screen\\_tiv.pdf](http://www.immunize.org/nslt.d/n46/screen_tiv.pdf)
- Screening Questionnaire for Live Attenuated Intranasal Influenza Vaccination  
[http://www.immunize.org/nslt.d/n46/screen\\_laiv.pdf](http://www.immunize.org/nslt.d/n46/screen_laiv.pdf)
- Standing Orders for Administering Influenza Vaccines  
[http://www.immunize.org/nslt.d/n46/so\\_influenza.pdf](http://www.immunize.org/nslt.d/n46/so_influenza.pdf)

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<http://www.azdhs.gov/phs/immun/index.htm>